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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/029,289	12/28/2001	Klaus Schultes	215472US0	3112
22850 73	590 11/24/2003		EXAMINER	
OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.			SZEKELY, PETER A	
1940 DUKE STREET ALEXANDRIA, VA 22314		ART UNIT	PAPER NUMBER	
			[7]4	<u> </u>
			DATE MAREED 13/24/2003	

Please find below and/or attached an Office communication concerning this application or proceeding.

## Interview Summary

Application No. 10/029,289

Applicant(s)

Schultes et al.

Examiner

Peter Szekely

Art Unit 1714

All participants (applicant, applicant's representative, PTO	personnel):	
(1) Peter Szekely	(3)	
(2) Vincent Shier		
Date of Interview Nov 13, 2003		
Type: a) X Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representa	tive]
Exhibit shown or demonstration conducted: d)  Yes	e) 🔀 No. If yes, brief descr	iption:
Claim(s) discussed: All.		
Identification of prior art discussed:  All.		
Agreement with respect to the claims f) was reached Substance of Interview including description of the general any other comments:  Applicants will submit proof of superiority of the product, a give the evidence very careful consideration.	nature of what was agreed t	to if an agreement was reached, or
(A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no available, a summary thereof must be attached.)	dments which the examiner a copy of the amendments that	greed would render the claims would render the claims allowable is
i) It is not necessary for applicant to provide a sepa	rate record of the substance	of the interview (if box is checked).
Unless the paragraph above has been checked, THE FORM INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MF already been filed, APPLICANT IS GIVEN ONE MONTH FROSUBSTANCE OF THE INTERVIEW. See Summary of Record	EP section 713.04). If a rep DM THIS INTERVIEW DATE T	ly to the last Office action has TO FILE A STATEMENT OF THE
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examin	er's signature, if required